

EXHIBIT 19

FOR THE RECORD

14 April 2009

Commissioners of NV Prisons :

I am the mother of John Williams
66835, at Ely State Prison.

My son has tried to follow the rules
and keep to himself. The main thing
in his life is his schooling. That has
kept him going all these years.

He recently has been denied his
school books and a course that
Warden Endel approved. We
need to change the procedures.
Why are ^{Ely Prison} mailroom people interfering
with government (USA) mail?

Young people should not be
put in cells with bigger, older
people. He was in a room with
an older, bigger man who made
sexual advances and in protecting
himself and afraid to say what
happened, silent, he received
more time. Will you help get
this time back and his school
course sent to him?

Thank you
Phillip Williams
M1136118

1306 0950 0001 8074 9616

United States Postal Service

INSURED MAIL - DOMESTIC ONLY



1306 0950 0001 8074 9616

NOTE: To file a claim for damage or loss of contents, the article, container, and packaging must be presented.

UN United States Postal Service®
E
DELIVERY CONFIRMATION™



0306 3390 0001 8409 1106

Flat Rate Box

For Domestic and International Use

ITY®

By air mail
For export
Postage paid



TM

049J62046526

\$ 13.60

02/17/2009

Mailed From 18106

US POSTAGE

POSTAGE IS REQUIRED
REGARDLESS OF WEIGHT
OR DESTINATION

228

Returned

From: Expéditeur:

BLACKSTONE CAREER INSTITUTE

1011 Brookside Road, Suite 300, P.O. Box 17, Allentown, PA 18106-3717

INTERNATIONAL RESTRICTIONS:

LIMITATIONS ON CONTENT:

When using Priority Mail, n
equivalents and hazardous

**WHEN USED INTERNAL
LIMIT APPLIES.**

Additional country-specific
apply. See International Ma
details.

CUSTOMS:

For international use affix customs declaration PS Form 2976-A
using PS Form 2976-E customs form pouch.

To: D

3005 1 15 02/26/09

**RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
RETURN TO SENDER**



Country

ADD'S use occasion

INTERNATIONAL MATERIALS AND MAY BE OPENED FOR POSTAL INSPECTION.
RETURN POSTAGE GUARANTEED.

57014726 LLVOL-

John Williams
E. S. Williams
PO Box 1589
NV 89301

Country
ADD'S use occasion
RETURN POSTAGE GUARANTEED.



March 31, 2009

Mr. Patrick Conmay
NDOC/1G
P.O. Box 7011
Carson City, NV 89702

RE: John Williams #66835

Dear Mr. Conmay:

The above referenced inmate has recently enrolled in Blackstone Career Institute's Criminal Law Advanced Paralegal program. The package containing Mr. Williams' course materials was refused by his current facility and returned to our office for unknown reasons. A copy of the package as it was received by Blackstone Career Institute is enclosed.

The course tuition has been paid in full and the course was approved for this student by Warden Adam Endel. We would appreciate any assistance you can give to determine why this material was returned and how to return it to the student. If you need additional information, please contact Blackstone at 800-826-9228 or via email at info@blackstone.edu. Thank you in advance for your cooperation.

Sincerely,

Elaine Smith
Student Services

Enclosure

Cc: Mercedes Maharis

JOHN L. WILLIAMS-EL#H66335
ESP-P.O. BOX 1939
ELY, NV 89301

ANGELA CLARK, SECRETARY
ADVISORY COMMISSION ON THE ADMINISTRATION OF JUSTICE
401 SOUTH CARSON ST.
CARSON CITY, NV 89701-4747

FOR THE RECORD

AFFIDAVIT REGARDING PRISON CONDITIONS

THIS AFFIDAVIT IS REGARDING HUMAN RIGHTS AND CONSTITUTIONAL VIOLATIONS OCCURRING IN NDOC. THE INFRASTRUCTURE IS REPRESSIVE; OFFENDING THE CONSTITUTION AND STANDARDS OF DECENCY. HUMAN RIGHTS, HEALTH CARE, DUE PROCESS, AND FREE SPEECH ARE IN PERIL, REFLECTING A SHAME REGIME ON AMERICAN SOIL.

I

THE INHUMANE TREATMENT OF PRISONERS IS A CRIME AGAINST HUMANITY

I WAS CERTIFIED AS AN ADULT AT AGE FOURTEEN AND ENDURED THE TRAUMATIZING EXPERIENCE OF ENTERING THE ADULT PENAL SYSTEM. THE EXPERIENCE BLURRED THE LINES OF ADOLESCENT AND ADULTHOOD BECAUSE I DIDN'T KNOW EXACTLY HOW TO GAUGE MY SUBJECTIVE STATUS IN THE WORLD.

AM I AN ADULT NOW, OR AM I STILL A YOUTH? IF THE LAW CAN MAKE ME A MAN, THEN I MUST BE SO. YET ALL LAWS PERTAINING TO MINORS STILL APPLY TO ME?

MY OBJECTIVE REALITY CONFUSED MY NASCENT MIND UNTIL I BECAME FRUSTRATED TRYING TO FIND SUBJECTIVE RECONCILIATION WITH OBJECTIVE CONTRADICTIONS.

FACING THE DEATH PENALTY I FOUGHT HARD TO UNDERSTAND THE LETHAL DYNAMICS OF MY SITUATION. I WALKED ON THE EDGE OF REASON TRYING TO COPE WITH THE EMOTIONAL AND PSYCHOLOGICAL SHOCK NUMBING MY SPIRIT.

I TRIED COMMITTING SUICIDE, TWICE, FOR THE SCOPE OF MY SITUATION WAS FAR BEYOND MY ADOLESCENT EXPERIENCE FOR ME TO HANDLE. ON ANOTHER OCCASION, I HAD A COMPLETE BREAK-DOWN (EXHIBIT A).

I HAD NO RECOLLECTION OF WHAT TRIGGERED MY BEHAVIOR THE NIGHT I WAS TAKEN TO THE PSYCHIATRIC WARD. I CAN ONLY JUDGE RETROSPECTIVELY THAT I HAD GONE INSANE. I RECALL SHUTTING DOWN. I STOPPED COMMUNICATING AND SPEAKING. IT WAS AS IF MY BODY WAS A WEIGHT ON MY SPIRIT, SUPPRESSING ALL EXPRESSION. I KNEW THAT I EXISTED AND COULD UNDERSTAND THE WORLD OUTSIDE, THE THINGS GOING ON AROUND ME. BUT I COULD NO LONGER INTERACT WITH THEM. PSYCHIATRIC MEDICATION ONLY DEEPENED THIS CONDITION BY SHUTTING MY SYSTEM DOWN FURTHER THAN IT ALREADY WAS, PUTTING ME IN A FOUL STUPOR.

I WASN'T IN PRISON LONG BEFORE I WAS ATTACKED BY CORRECTIONAL OFFICERS^(EXHIBIT A) AT 19 I SAT IN MY BLOOD AND TEARS, SOBBING OUT WHAT LITTLE SELF-ESTEEM I HAD LEFT FROM MY TRAGIC ORDEALS IN LIFE. I THEN EXPERIENCED THE CONSPIRATORIAL SCHEME OF LIES IN WHICH OFFICERS, MEDICAL STAFF, AND INVESTIGATORS COVERED UP THE ATTACK WITH STACKS OF PAPERWORK CONCOCTED WITH SO MANY CONTRADICTIONS AND INCONSISTENCIES THAT MY CASE WAS DESTROYED. AND TO THIS DAY MY ASSAILANTS EVADE JUSTICE AND CONTINUE BEING HONORED BY NDOC.

THE TOTALITY OF MY EXPERIENCE HAS BEEN A CONTINUAL GRINDING OF MY SPIRIT INTO THE POWDER OF DEPRESSION AND SHOCK! EVERY MORNING I RISE NOVELIZING MY LIFE INTO A REASON TO BE OPTIMISTIC. MY POSITIVE REVERIES ARE SAD POSTURES OF A BROKEN MIND TRYING TO REGENERATE ITSELF.

THE INHUMANE TREATMENT OF PRISONERS IS GOING SILENTLY UNANSWERED. THE PSYCHOLOGICAL, EMOTIONAL, AND PHYSICAL TERROR IS IGNORED, WHILE THE CONSEQUENT TRAUMA REMAINS UNTREATED. A THOROUGH, UNBIASED INVESTIGATION INTO THE DYNAMICS OF THE INHUMANE TREATMENT OF PRISONERS WILL REVEAL UNEXPLORED DIMENSIONS OF HUMAN RIGHTS VIOLATIONS; WILL REVEAL COMMISSION OF CRIMES AGAINST HUMANITY.

II

DENIAL OF ADEQUATE HEALTH CARE IS MALICIOUS DISREGARD FOR HUMAN LIFE AND LIMB

I AM A HEARING IMPAIRED PRISONER, AND MY HANDICAPPED CONDITION HAS BEEN TREATED WITH INDIFFERENCE FOR YEARS. I RECENTLY TRIED RECEIVING AN APPROVAL FOR A HEARING AID FOR MY RIGHT EAR, SEE AN AUDIOLOGIST, ETC. MERELY TO COLLECT EXHIBITS TO DEMONSTRATE MY CASE (SEE EXHIBITS C-L).

MY EXPERIENCE HAS BEEN THE RUNAROUND UNTIL I EITHER GIVE UP OR THE MEDICAL DEPARTMENT FINALLY ISSUE A DENIAL, AS SHOWN IN THESE EXHIBITS.

I AM SURROUNDED BY ARMED CORRECTIONAL OFFICERS, AND PARTIALLY TREATED HEARING IMPAIRMENT POSES A SIGNIFICANT THREAT TO MY SAFETY,

AS I CAN NOT HEAR ORDERS GIVEN FROM THE GUN RAIL AND/OR TOWER (SEE EXHIBIT M-N). FURTHERMORE, I AM IN A HOSTILE, VIOLENT ENVIRONMENT AND I HAVE A HARD TIME STAYING ABOARD WITH IT AS I WOULD HAD I ADEQUATE MEDICAL CARE FOR MY HEARING CONDITION. I AM IN A CONSTANT STATE OF APPREHENSION; A BURDEN BEARER OF FEAR.

SHOULD I BE HARMED BY ARMED OFFICERS BECAUSE OF MY FAILURE TO HEAR AND FOLLOW ORDERS, WHO WILL BEAR THE RESPONSIBILITY?

WHILE MY EXPOSURE TO HARM BECAUSE OF INADEQUATE HEALTH CARE REMAINS A LOOMING FEASIBILITY, MANY PRISONERS ARE SUFFERING DEBILITATING DISEASES AND ARE DYING, BECAUSE OF THE NON-TREATMENT, MISTREATMENT, AND MALPRACTICE PREVAILING IN NDCC MEDICAL INFRASTRUCTURE. WHILE WRITING THIS AFFIDAVIT, I SPOKE TO SOME OF THESE PRISONERS WHO DID NOT WANT TO BE HEARD, BECAUSE THEY FEAR RETALIATION. SO MANY ARE SUFFERING AND DYING IN FEAR AND SILENCE.

III

NDCC PRISONERS SUFFER RETALIATORY CONSEQUENCES FOR USING INMATE GRIEVANCE SYSTEM

THE NOTICE OF CHARGES I RECEIVED NOVEMBER 11, 2007 WAS IN RETALIATION FOR REQUESTING AN EMERGENCY GRIEVANCE (SEE EXHIBIT O).

IN ACCORDANCE WITH ADMINISTRATIVE REGULATIONS, A PRISONER CAN NOT FILE A GRIEVANCE ON AN ISSUE FOR WHICH ONE HAS ALREADY BEEN CHARGED. (SEE EXHIBIT P). SO IN ORDER TO PROCEDURALLY BAR ME FROM USING THE GRIEVANCE PROCEEDS, THE CHARGING OFFICER AND SERGEANT KEPT ME SILENT BY REFUSING TO GIVE ME A GRIEVANCE, MANIPULATING ME INTO

BELIEVING I DIDN'T NEED ONE, AND THAT MY CELLMATE SITUATION WOULD BE RESOLVED WITHOUT IT, MEANWHILE, PREPARING CHARGES AGAINST ME.

THE MACHINERY OF THE DISCIPLINARY PROCEEDING WAS THEN USED TO ENFORCE A RETALIATORY SCHEME. I APPEALED (SEE EXHIBIT Q), BUT THE GRIEVANCE PROCEDURE IS A STRUCTURAL HOAX AT EACH LEVEL, FOR GOING THROUGH THEM IS A MONOTONOUS REPETITION OF DENIALS, TIRING THE PRISONER FROM SEEKING REDRESS. THE WARDEN ACKNOWLEDGED THAT AS LONG AS THERE IS "SOME EVIDENCE", IT DOESN'T MATTER WHETHER THE CHARGES WAS RETALIATORY (SEE EXHIBIT R). THE "SOME EVIDENCE" RULE IS THE SOLE REASON PRISONERS CAN NOT WIN DISCIPLINARY HEARINGS, FOR IT GIVE SUCH MOBILE LATITUDE TO OFFICERS TO PERJURE ON STATE DOCUMENTS AND STATIONARY THAT PRISONERS FIND IT USELESS FIGHTING AND, CONSEQUENTLY, SUFFER CIVIL RIGHTS VIOLATIONS IN A NATION THAT TAKES SO MUCH PRIDE IN ITS CONSTITUTION.

IV

LACK OF ACCESS TO HIGHER EDUCATION AND SELF-REHABILITATION

I SEEK ACCESS TO PROFESSIONALISM WITHIN THE CONFINES OF MY ENVIRONMENT, IN ORDER TO PATTERN MYSELF ON A MODE OF CONDUCT HONORABLE UPON RETURN TO SOCIETY. BUT NDOC EMPLOYS UNNECESSARY MEANS TO THWART THIS EFFORT.

I SOUGHT AND RECEIVED AN APPROVAL TO TAKE A COLLEGE COURSE IN PARALLEL STUDIES (SEE EXHIBIT S), AND BEGAN STUDYING. EVENTUALLY, I RECEIVED A HARDBACK TEXT-BOOK REQUIRED FOR THE CURRICULUM. ESP STAFF HELD THE BOOK PURSUANT TO A "NO HARDBACK BOOKS" RULE (SEE EXHIBITS T-Y). ULTIMATELY, I HAD TO DROP OUT OF SCHOOL BECAUSE OF IT.

WHILE NDOC HAS ACKNOWLEDGED PRISONERS' RIGHT TO FREE SPEECH AND MADE MINIMAL ACCOMMODATIONS FOR THE EXERCISE OF THAT RIGHT, IT HAS YET TO REALIZE THE SUPPRESSING FORCE OF THE "NO HARDBACK BOOKS" RULE BARRING PRISONERS FROM COLLEGE EDUCATION, AND VARIOUS LEGAL, GOVERNMENTAL, AND SCIENTIFIC MATERIALS.

I HAVE ENDURED INHUMANE, CRUEL AND UNUSUAL TREATMENT IN NDOC, AND MY CALL FOR JUSTICE HAS GONE UNANSWERED BY PROPER AUTHORITIES. MY DAILY EXPERIENCES CONFIRM THE LACK OF REGARD FOR HUMAN AND CIVIL RIGHTS, MAKING ATTEMPTS AT CHANGE TORTUROUS. BUT IN SPITE OF IT, ACCESS TO READING MATERIAL HAS BEEN AN EFFECTIVE MEDIA FOR MY SELF-REHABILITATION (SEE SURPLUS EXHIBITS 1-8). STILL I AM BEING CHOKED BECAUSE THE UNNECESSARY RESTRICTIONS ON FREE SPEECH AND EXPRESSION ARREST AND CRIPPLE THE ARTISTICAL UNFOLDMENT OF MY SOUL, LYING IN THE CRACKED FOUNDATION OF THE FIRST AMENDMENT.

I PLEAD WITH YOU TO MAKE OVERHAUL CHANGES IN NDOC AND GIVE US BETTER ACCESS TO CONSTITUTIONAL RIGHTS AND HUMANE TREATMENT.

VERIFICATION

STATE
OF
NEVADA
(COUNTY
OF WHITE
PINE)

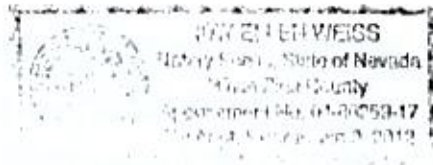
I, JOHN L. WILLIAMS, BEING FIRST DULY SWORN UNDER PENALTIES OF PERJURY DEPOSES AND SAYS:

I AM THE AFFIANT IN THE ABOVE ENTITLED AFFIDAVIT; THAT ALL THE CLAIMS AND ALLEGATIONS IN THE AFFIDAVIT ARE TRUE OF MY OWN KNOWLEDGE, EXCEPT FOR THOSE MATTERS THEREIN STATED UPON INFORMATION AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.


JOHN L. WILLIAMS

SUBSCRIBED AND SWORN BEFORE ME
THIS 30th DAY OF December 2008

Kay Ellen Weiss
NOTARY PUBLIC



ACKNOWLEDGEMENT

STATE OF NEVADA)
COUNTY OF WHITE PINE) ss

ON THIS 30th DAY OF December 2008, PERSONALLY
APPEARED BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND
FOR THE COUNTY OF WHITE PINE, STATE OF NEVADA, JOHN L. WILLIAMS,
PERSONALLY KNOWN TO ME OR PROVED TO ME, TO BE THE PERSON WHOSE
NAME IS SUBSCRIBED TO THE ATTACHED INSTRUMENT WHO ACKNOWLEDGE
THAT HE, JOHN L. WILLIAMS, EXECUTED THE ATTACHED INSTRUMENT.

Kay Ellen Weiss
NOTARY PUBLIC

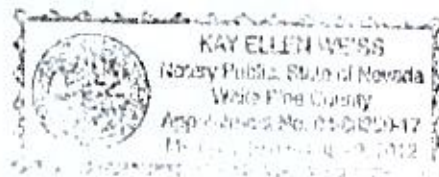


TABLE OF EXHIBITS

- EXHIBIT A: OFFICER'S REPORT ON AFFIANT'S PSYCHOLOGICAL CONDITION
EXHIBIT B: ARTICLE ON CORRECTIONAL OFFICERS' ASSAULT ON AFFIANT
EXHIBIT C: MEDICAL KITE REQUESTING TO SEE AUDIOLOGIST
EXHIBIT D: MEDICAL KITE REQUESTING HEARING AID FOR RIGHT EAR
EXHIBIT E: RECEIPT OF RETURN OF WORN LEFT HEARING AID FROM "REPAIR"
EXHIBIT F: MEDICAL KITE STATING RETURNED HEARING AID ISN'T WORKING
EXHIBIT G: ANOTHER MEDICAL KITE REGARDING DYSFUNCTION OF AID
EXHIBIT H: MEDICAL KITE AGAIN REQUESTING AID FOR RIGHT EAR
EXHIBIT I: MEDICAL KITE STATING DESIRE TO BE ASSESSED FOR NEW AID
EXHIBIT J: MEDICAL KITE INQUIRING ABOUT THE RETURN OF WORN LEFT AID
EXHIBIT K: SECOND RECEIPT OF RETURN OF LEFT AID FROM "REPAIR"
EXHIBIT L: UR COMMITTEE DENYING AFFIANT'S REQUEST FOR AID FOR RIGHT EAR
EXHIBIT M: NOTICE OF CHARGES BY GUN RAIL OFFICER SAYING AFFIANT "IGNORED" HIM
EXHIBIT N: DISPOSITION OF NOTICE OF CHARGES. DROPPED BECAUSE AFFIANT'S CONDITION
EXHIBIT O: RETALIATORY NOTICE OF CHARGES AGAINST AFFIANT
EXHIBIT P: ADMINISTRATIVE REGULATION REGARDING GRIEVANCE AND NOC
EXHIBIT Q: DENIAL OF AFFIANT'S DISCIPLINARY APPEAL THROUGH GRIEVANCES
EXHIBIT R: MEMO FROM WARDEN SUPPORTING RETALIATORY CHARGES
EXHIBIT S: APPROVAL FOR COLLEGE COURSE
EXHIBIT T: MEMO FROM ESP EDUCATION SECRETARY REGARDING HOLDING OF TEXTBOOKS
EXHIBIT U: ANOTHER MEMO REGARDING HOLDING OF TEXTBOOKS
EXHIBIT V: INFORMAL LEVEL GRIEVANCE REGARDING TEXTBOOKS. DENIED
EXHIBIT W: FIRST LEVEL GRIEVANCE REGARDING TEXTBOOKS. DENIED
EXHIBIT X: SECOND LEVEL GRIEVANCE REGARDING TEXTBOOKS. DENIED
EXHIBIT Y: GRIEVANCE PRINT-OUT REGARDING NOC RESPONSE TO TEXTBOOKS. DENIED

EXHIBIT A

LAS VEGAS METROPOLITAN POLICE DEPARTMENT Detention Services Division Information Report

WILLIAMS, JOHN L

(01503902)

Notification To: Classification Group
CC To: ; 0008 , Classification; Psyche , Medical

Inmate(s): ☒ 01503902 - WILLIAMS, JOHN L

Incident Date: 07/04/99
Reporting Officer's P#: 5911
Housing Unit: 2C05
Post ID: Post0050 Security/CCDC

Incident Time: 0300
Reporting Officer's Name: Teel, W.
Report Date/Time: 07/04/99 03:28 AM

Short Description: 405 watch/Psych eval.

Full Description:

On the above date and approximate time, C.O. Stewart, P#6302, had just completed a security walk through of 5D. He noticed that there were writings on the walls of 5D24, the writings appeared to be in blood. The writings were as follows: 1.) "They all hate me." And 2.) "Seeing death every where I turn." I went to 5D24 to see what exactly was going on. I asked I/M Williams where the blood had come from and he replied that he did not know. I then asked him if was having some problems, to which he did not reply. Finally I asked him if he needed to talk to someone, and he stated, "If I don't talk to God, then I don't want to talk to anyone." I called Sgt. See and advised him of the situation. After Sgt. See interviewed I/M Williams, and looked for possible wounds from where the blood came from, Williams was escorted to 2C05 for a 405 watch and Psych evaluation. Pictures were taken of the writings and forwarded to the Psych for evaluation. I/M Williams was examined by medical after arriving in 2C.

Action Taken:

For information only.

Brutality in Nevada Prisons

By Pamela Phillips

Terror and brutality. It's all the buzz these days. Nevada Revised Statute 209.371 declares that corporal punishment and inhumane treatment of offenders are prohibited. But that doesn't seem to hinder some Nevada prison guards. Some are repeat offenders themselves, according to prisoner reports and court documents. Nevada prisoners, shackled, can't protect themselves from these guys, totin' guns and wearin' badges. This article is the first in a series of reports about Nevada prison brutality today.

Jackie Crawford, Nevada Department of Prisons Director, recently stated on the Las Vegas TV Show *FACES*: "Quite frankly when you look around at all the other states, a lot of them have a lot of disturbances, and stabbings and escapes. We're not having those now. What does that say? That says that we are in control of our prisons. And I intend to stay that way. And what I have indicated to inmates, the gangs, there are no gangs in our prisons. There is a Jackie Crawford gang. There is a department of corrections. And we are in charge and we are going to run them."

Three excerpts from Nevada prisoners' letters, experts on Nevada prisons, beg to differ. "She is right about one thing: there is a Jackie Crawford gang! They are exactly what they promote. They use the same tactics of fear, intimidation, bullying, mob assaults and shootings that all other gangs use."

"And I personally believe she's just putting on a very good 'FRONT' for the people, because once

it's all said; nothing is done, it's still going to be disturbances and stabbing as well as escapes in a prison environment because prison wasn't designed to help a person mentally, only to confine, punish, and destroy. That will make any human being go beast like if one do enough confinement."

Finally, "It seems to me she is out of touch with real life as to the prisons she has a duty to oversee. There are gangs besides hers and plenty of stabbings and beating even by her gang members. She has turned a blind eye and deaf ears to the problems on her watch."

High Desert State Prison resident John Williams is 19 years old. He writes of his feelings of fear and terror during a July 30 incident (unedited).

"Senior Officer by the name of Green came to escort me to court yesterday. As we walked across the recreational platform outside. He poked a sharp object in my side and told me that if I ever disrespected him again that he will kill me. I was in restraints (handcuffs) at this time. I didn't respond. He, then, asked me did I hear him. I shook my head in approval. Ma'am, in order for you to understand what led this correctional officer to such diabolical behavior I must rewind this horrible situation to the first confrontation in which my nose was bused by Sgt. Powe.

July 30: I was working at the culinary as a waiter/tables. As one of the units were leaving, I entered the culinary in an attempt to do my job which was to wipe off the tables. As I was entering senior officer Green was coming out. At the (See Prisons, Page 12)

Prisons

(Continued from page 7)

doorway on the point of passing each other he blocked my pathway and got in my face yelling comments such as: "Do you think I'm going to let you back in here? Do I look crazy to you?" In an attempt to get him out of my face, I stepped back which led us outside and said: "Get out of my face, you don't have to be in my face that."

He imposed himself on me again repeating basically the same thing. I made the same statement also, but adding that I was a worker. As I stepped back again. He then threw me in handcuffs and asked the culinary of-

ficer Aragon was I one of his workers. He replied "yes". Senior officer Green then yelled "why didn't you say that." I said that I did but you were too busy yelling. He then escorted me to the Administration building where I was confronted by Sgt Powe who is 10 times bigger than I and 3 times older than me.

He faced me toward the wall and screamed in my face spitting his disrespect on me. The warmth of his breath reminded me of the gas ovens used by Adolph Hitler to exterminate the Jews. As he screamed louder and louder I heard the roar of the flames increase and I felt the intense fear

the Jews were once in. Because I was now feeling that terror within myself. In the nature of fear there is a tendency to see what's going on. So, as I tried to take my eyes from looking at the wall my face was smashed into the wall thereby bursting my nose. I was then thrown in a bare room to sit in my blood.

Approximately 30 minutes later Sgt. Powe and Senior Green came in acting as if it was a surprise to see blood all on my shirt. They left then I was taken to the front office where I was told that I'll be going to the hole for "threat on a staff." Lt. Baca asked me how did the blood get on my

shirt. I didn't want to tell him. I told him that I was in a state of fear.

He began forcing me and threatening to put me back in the solitary cell until I spoke up. I looked at Sgt. Powe and in the glaze of his eyes the flames of Charles Manson grew. So, I decided to withhold my words. Then, I was placed back into the solitary cell to sit in my blood and wipe the salty tears from my eyes as I experience such injustice. Now I understand why so many American teenagers commit suicide. Our oppressors is our own elders."

Continued next edition...

EXHIBIT C

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

(Also print name and DOC # at bottom of form)

DOC# 60835

Institution

ESP

Date Submitted

6/10/08

Unit/House

7811

☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐ NURSING ☐ OTHER

NOTICE: You may be charged in accordance with AR 245

Reason for

request: REQUESTING TO SEE AN AUDIOLOGIST REGARDING A HEARING
AID FOR MY RIGHT EAR. I'VE MADE THIS REQUEST SEVERAL TIMES.
PLEASE REFER ME.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO REQUEST:

6-10-08 provider

YOU WILL BE SCHEDULED TO
SEE PROVIDER FOR ASSESSMENT AND
POSSIBLE REFERRAL TO U.R. PANEL FOR
HEARING AID ADJUSTMENT/REPAIR.

- ☐ Appointment scheduled for _____ Rescheduled for _____
☐ No visit necessary.
☐ No Show for Appointment
☐ Refused to be seen. DOC 2523, Release of Liability signed.

PRESCRIPTIONS:

☐ KOP☐ NON-KOP☐ Ordered on _____

PLAN:

☐ Follow-up appointment _____☐ Return if needed☐ No follow-up required

Signature/Title of Provider

Date

John Williams, PONS-I

6/11/08

NEVADA DEPARTMENT OF CORRECTIONS

NAME WILLIAMS

JOHN

L

LAST

FIRST

MI

MEDICAL KITE and/or
SERVICE REPORT

11 OF 47

DOP# 60835

EXHIBIT D

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

DOC# 00335

(Also print name and DOC # at bottom of form)

Institution

ISP

Date Submitted

7/15/08

Unit/House

7211

☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐ NURSING ☐ OTHER

NOTICE: You may be charged in accordance with AR 245

Reason for

request: A COUPLE WEEKS AGO I SAW THE DOCTOR REGARDING A HEARING AID FOR MY RIGHT EAR. HE SAID HE WAS GOING TO TAKE CARE OF IT THAT DAY. I'M WONDERING WHY I HAVEN'T SEEN ANYONE REGARDING THIS MATTER? I SHOULD BE SCHEDULED TO SEE AN AUDIOLOGIST.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO REQUEST:

Nursing Pick Call

Your request for a hearing aid has been submitted to the utilization review committee for review. The process to obtain your hearing aid will be started if/when it is approved. Thanks.

- ☐ Appointment scheduled for _____ Rescheduled for _____
☐ No visit necessary.
☐ No Show for Appointment
☐ Refused to be seen. DOC 2523, Release of Liability signed.

PRESCRIPTIONS:

☐ KOP☐ NON-KOP☐ Ordered on _____

PLAN:

☐ Follow up appointment _____☐ Return if needed☐ No follow up required

Signature of Provider

Date

NEVADA DEPARTMENT OF CORRECTIONS

NAME WILLIAMS JOHN

LAST

FIRST

MI

MEDICAL KITF and/or

12 OF 47

EXHIBIT E

RETURNABLE ITEMS:

YOU ARE BEING GIVEN A PROSTHETIC OR MEDICAL DEVICE THAT IS THE PROPERTY OF THE DEPARTMENT OF CORRECTIONS. ABUSE, MISUSE, OR LOSS OF THIS DEVICE WILL BE YOUR RESPONSIBILITY. YOU WILL BE RESPONSIBLE FOR REPLACEMENT OF THIS DEVICE AT YOUR OWN EXPENSE IF IT IS NOT RETURNED TO THE DEPARTMENT OF CORRECTIONS. MISUSE OF THIS DEVICE MAY LEAD TO ITS BEING DISCONTINUED.

I HAVE RECEIVED THE FOLLOWING RETURNABLE ITEM(S):

ITEM	DATE	INMATE'S SIGNATURE	STAFF WITNESS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

NON-RETURNABLE ITEMS:

I HAVE RECEIVED THE FOLLOWING ITEMS WHICH DO NOT NEED TO BE RETURNED:

ITEM	DATE	INMATE'S SIGNATURE	STAFF WITNESS
1. <u>hearing aid</u>	<u>9-5-08</u>	<u>[Signature]</u>	<u>M. Steiner cr</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

NEVADA DEPARTMENT OF CORRECTIONS

RECEIPT FOR

13 OF 47

NAME

Williams, John

LAST

FIRST

EXHIBIT F

9/14/08

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

[Signature]

DOC# 100335

(Also print name and DOC # at bottom of form)

Institution

ESP

Date Submitted

9/12/08

Unit/House

3B16

☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐ NURSING ☐ OTHER

NOTICE: You may be charged in accordance with AR 245

Reason for

request: I RECEIVED MY HEARING AID BACK A COUPLE DAYS AGO. I PUT A NEW BATTERY IN IT AND IT WORKING FINE FOR A COUPLE HOURS, THEN WENT DEAD FOR NO REASON. BECAUSE THE PACKAGE FROM WHICH I TOOK THE BATTERY HAD JULY 03 AS ITS EXPIRATION DATE, I ASSUMED THAT I NEEDED UP-DATED BATTERIES AND REQUESTED THEM. HOWEVER, UPON RECEIVING NEW BATTERIES TONIGHT AND PUTTING ONE IN MY HEARING AID I FOUND MY HEARING AID STILL ISN'T WORKING. SOMETHING IS WRONG WITH IT.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO REQUEST:

44. Jendrygh

Forward to Levi

Lets try another battery to make sure thats not the problem.

Jon Roseman 9-15-08

- ☐ Appointment scheduled for _____ Rescheduled for _____
- ☐ No visit necessary.
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523, Release of Liability signed.

PRESCRIPTIONS:

- ☐ KOP ☐ NON-KOP
- ☐ Ordered on _____

PLAN:

- ☐ Follow-up appointment _____ ☐ Return if needed
- ☐ No follow up required

Signature of Provider

Date

NEW YORK DEPARTMENT OF CORRECTIONS

NAME *WILLIAMS* *JOHN* *L.*
LAST FIRST MI

EXHIBIT G

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature _____

(Also print name and DOC # at bottom of form)

DOC# 10235

Institution ESL

Date Submitted 10/5/07

Unit/House 10B3

☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐ NURSING ☐ OTHER _____

NOTICE: You may be charged in accordance with AR 245

Reason for request:

SEVERAL MONTHS AGO I SENT MY HEARING AID OUT TO BE FIXED. WHEN I RECEIVED IT BACK IT WAS THE SAME. IT IS NOT BROKEN, THE VOLUME ISN'T LOUD ENOUGH FOR ME ANYMORE, AS I THINK I'VE LOST MORE HEARING SINCE I RECEIVED THE HEARING AID BACK IN '01-'02. I NEED THE VOLUME IN IT INCREASED AND/OR ADMINISTER A NEW HEARING TEST

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO REQUEST:

Triage RN: John E. Jendrya / RN
To Charge RN 10/6/07 0530 A

WOULD YOU LIKE TO BE SCHEDULED

SO THE DOCTOR CAN RE-ASSESS YOUR

CONDITION AND MAKE A REFERRAL

☐ Appointment scheduled for _____ Rescheduled for _____

☐ No visit necessary.

☐ No Show for Appointment

☐ Refused to be seen. DOC 2523, Release of Liability signed.

PRESCRIPTIONS:

☐ KOP

☐ NON-KOP

☐ Ordered on _____

PLAN:

☐ Follow-up appointment _____

☐ No follow-up required

☐ Return if needed

OCT 06 2007

Signature/Title of Provider

John E. Jendrya, RN

Date

10/9/07



EXHIBIT H

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

(Also print name and DOC # at bottom of form)

DOC# 00835

Institution

ESF

Date Submitted

10/5/07

Unit/House

003

☒ MEDICAL☐ DENTAL☐ MENTAL HEALTH☐ NURSING☐ OTHER

NOTICE: You may be charged in accordance with AR 245

Reason for

request: I AM HEARING IMPAIRED IN BOTH EARS, BUT ONLY HAVE A HEARING AID FOR

ONE. I WAS ORIGINALLY TOLD THAT I WOULD GET THE OTHER ONE AT A LATER TIME.

SINCE THEN, I WROTE ON SEVERAL OCCASIONS REGARDING THE OTHER AID, BUT RECEIVED

NO RESPONSE. I WANT TO KNOW WHEN WILL I BE ABLE TO GET THE OTHER AID FOR MY
RIGHT EAR?

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO REQUEST:

TRIAGE RN: John E. Anderson 1m

to charge RN for evaluation 10/6/07 5:30

WOULD YOU LIKE TO BE SCHEDULED

SO THE DOCTOR CAN RE-ASSESS YOUR

CONDITION AND MAKE A REFERRAL

☐ Appointment scheduled for

Rescheduled for

☐ No visit necessary.☐ No Show for Appointment☐ Refused to be seen. DOC 2523, Release of Liability signed.

PRESCRIPTIONS:

☐ KOP☐ Ordered on☐ NON-TOXIC

PLAN:

☐ Follow-up appointment☐ No follow-up required

Signature/Title of Provider

John E. Anderson, RN



NEVADA DEPARTMENT OF CORRECTIONS

NAME WILLIAMS JOHN L.

LAST

FIRST

MI

1-6 OF 117

EXHIBIT I

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

[Signature]

DOC# 106835

Institution

ESP

Date Submitted

10/12/07

Unit/House

463

☒ MEDICAL

☐ DENTAL

☐ MENTAL HEALTH

☐ NURSING

☐ OTHER

NOTICE: You may be charged in accordance with AR 245

Reason for request:

YES, I WOULD LIKE TO BE SCHEDULED TO SEE THE DOCTOR TO RE-ASSESS MY CONDITION.

RESPONSE TO REQUEST:

DO NOT WRITE IN SHADED AREA BELOW

Pls your request scheduled to see provider

[Signature]

☐ Appointment scheduled for

☐ No visit necessary.

☐ No Show for Appointment

☐ Refused to be seen. DOC 2523, Release of Liability signed.

Rescheduled for

PRESCRIPTIONS:

☐ KOP

☐ Ordered on

☐ NON KOP

OCT 12 2007

PLAN:

☐ Follow-up appointment

☐ No follow-up required

☐ Return if needed

Signature/Title of Provider

Date

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or

NAME WILLIAMS

JOHN

L.

LAST

FIRST

MI

17 OF 47

EXHIBIT J

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature: 

DOC# 100339

(Also print name and DOC # at bottom of form)

Institution

ESP

Date Submitted

3 NOVEMBER 2008

Unit/House

3B116

☒ MEDICAL☐ DENTAL☐ MENTAL HEALTH☐ NURSING☐ OTHER

NOTICE: You may be charged in accordance with AR 245

Reason for

request: I NEED TO KNOW WHEN WILL YOU BE RETURNING MY HEARING AIDS
 I'M HAVING AN EXTREMELY HARD TIME FUNCTIONING. I RECENTLY QUIT MY
 JOB BECAUSE I HAD A HARD TIME FOLLOWING INSTRUCTIONS AND ~~KEPT~~
 DOING THINGS WRONGS. I NEED MY HEARING AID.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO REQUEST:

The Company has sent it back to us. As so
 as I receive it, I will make sure to get
 it out to you.

You Rosevear. AAT

11-5-08

☐ Appointment scheduled for _____

Rescheduled for _____

☐ No visit necessary.☐ No Show for Appointment☐ Refused to be seen. DOC 2023, Release of Liability signed.

PRESCRIPTIONS:

☐ KOP☐ Ordered on _____☒ NON-KOP

PLAN:

☐ Follow up appointment _____☐ Return if needed☐ No follow-up required

Signature/Title of Provider

Date

EXHIBIT K

RETURNABLE ITEMS:

YOU ARE BEING GIVEN A PROSTHETIC OR MEDICAL DEVICE THAT IS THE PROPERTY OF THE DEPARTMENT OF CORRECTIONS. ABUSE, MISUSE, OR LOSS OF THIS DEVICE WILL BE YOUR RESPONSIBILITY. YOU WILL BE RESPONSIBLE FOR REPLACEMENT OF THIS DEVICE AT YOUR OWN EXPENSE IF IT IS NOT RETURNED TO THE DEPARTMENT OF CORRECTIONS. MISUSE OF THIS DEVICE MAY LEAD TO ITS BEING DISCONTINUED.

I HAVE RECEIVED THE FOLLOWING RETURNABLE ITEM(S):

ITEM	DATE	INMATE'S SIGNATURE	STAFF WITNESS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

NON-RETURNABLE ITEMS:

I HAVE RECEIVED THE FOLLOWING ITEMS WHICH DO NOT NEED TO BE RETURNED:

ITEM	DATE	INMATE'S SIGNATURE	STAFF WITNESS
1. <u>Hearing Aid</u>	<u>11-7-08</u>	<u>[Signature]</u>	_____
2. <u>2nd Repair</u>	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

NEVADA DEPARTMENT OF CORRECTIONS

RECEIPT FOR

19 OF 47

NAME

Williams, John
LAST FIRST

11-7-08

11-7-08 A

EXHIBIT L

DEC 15 2008

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

(Also print name and DOC # at bottom of form)

DOC# 66835

Institution

ESP

Date Submitted

14 DECEMBER 2008

Unit/House

3B16

MEDICAL

() DENTAL

() MENTAL HEALTH

() NURSING

() OTHER

NOTICE: You may be charged in accordance with AR 245

Reason for

request:

YOU RESPONDED TO MY LETTER IN JUNE STATING YOU WOULD PUT MY REQUEST FOR A RIGHT EAR HEARING AID BEFORE A PANEL FOR REVIEW. I HAVE NOT HEARD ANYTHING. HAVE I BEEN APPROVED FOR A HEARING AID FOR MY RIGHT EAR, OR NOT?

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO REQUEST:

To Provider - gis/len
Hearing aids

The JRC committee denied 2nd



12-15-08

() Appointment scheduled for

Rescheduled for

() No visit necessary.

() No show for appointment

() Refused to be seen. DOC 2523, Release of Liability signed.

PRESCRIPTIONS:

() KOP

() NON-KOP

() Ordered on

PLAN:

() Follow-up appointment

() Return if needed

() No follow-up required

Signature/Title of provider

Date

EXHIBIT M

NEVADA DEPARTMENT OF PRISONS CODE OF PENAL DISCIPLINE DISCIPLINARY FORM I "NOTICE OF CHARGES"

1. INMATE INFORMATION (PRINT)

LAST NAME: WILLIAMS FIRST NAME: DAVID
ID#: 66435 CURRENT LOCATION: UNIT 5

2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: T. J. [unclear] TITLE: CHIEF CLERK
DATE OF INCIDENT: April 17, 2001 DATE CHARGES WRITTEN: April 18, 2001
EVIDENCE COLLECTED: ☐ YES ☒ NO EVIDENCE HELD BY: [unclear]

CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)

I ☒ II ☐ III ☐ IV ☐ V ☐
VI ☐ VII ☐ VIII ☐

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOP 3016)

On April 17, 2001 at about 5:10 PM I was
Unit 5's Unit Clerk. As I walked down
the hallway from the [unclear] I saw two
inmates stop and started talking in the hallway
[unclear] of Unit 5 and 6. After approximately 5 minutes
I informed both inmates in a loud and clear
voice that you must return to your unit now.
About 2 minutes later I gave a second
order for both inmates to leave to their
units but they did not. Officer Koenig
from Unit 5 also then announced from his location
in Unit 5 that they must return to their units. At the
time both inmates shook hands and started
for their units. An inmate later to [unclear]
as Williams # 66435 returned to his unit and
radioed other inmates to get the identification
of this inmate.

4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: T. J. [unclear]
SIGNATURE OF SHIFT SUPERVISOR: T. J. [unclear]
(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in NCIS)

5. SERVICE OF NOTICE (To be Completed by Hearing Officer)

DATE OF SERVICE: 17 April 01 TIME OF SERVICE: 11:25 AM
PRINTED NAME OF HEARING OFFICER: [unclear]
SIGNATURE OF HEARING OFFICER: [unclear]
INMATE SIGNATURE: [unclear]
(Signature indicates receipt of notice only, it is not a plea; refusal to sign should be noted.)

6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE
COPY - INMATE
COPY - CHARGING EMPLOYEE

2.1 OF 4.7

EXHIBIT N

NEVADA DEPARTMENT OF PRISONS CODE OF PENAL DISCIPLINE DISCIPLINARY FORM II

"SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION"

1. INMATE INFORMATION (PRINT)

LAST NAME: Williams FIRST NAME: John ID#: 1000005 CURRENT LOCATION: C-100

2. HEARING INFORMATION (PRINT)

DATE OF HEARING: 17 April 61 TIME OF HEARING: 1:00 PM
NAME OF HEARING OFFICER: 1st Lt. Jones TITLE: CHIEF
DATE OF SERVICE OF NOTICE OF CHARGES: 17 April 61
IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____

3. CHARGES AND PLEAS

COUNT/CHARGE	PLEA		COUNT/CHARGE	PLEA		COUNT/CHARGE	PLEA		COUNT/CHARGE	PLEA	
	GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY
I <u>4-1</u>	<input type="checkbox"/>	<input type="checkbox"/>	III _____	<input type="checkbox"/>	<input type="checkbox"/>	V _____	<input type="checkbox"/>	<input type="checkbox"/>	VII _____	<input type="checkbox"/>	<input type="checkbox"/>
II _____	<input type="checkbox"/>	<input type="checkbox"/>	IV _____	<input type="checkbox"/>	<input type="checkbox"/>	VI _____	<input type="checkbox"/>	<input type="checkbox"/>	VIII _____	<input type="checkbox"/>	<input type="checkbox"/>

4. STATEMENT OF INMATE

Inmate Williams states he did not hear the officer, inmate Williams is also hearing impaired in both ears.

5. HEARING OFFICER ACTION

COUNT/CHARGE	REDUCE TO:	DISMISS			RESOLVE			REFER		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I <u>4-1</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. RESULTS OF INFORMAL, SUMMARY HEARING

COUNT	SANCTION	COUNT	SANCTION
I <u>4-1</u>	<u>Dismiss</u>	V _____	_____
II _____	_____	VI _____	_____
III _____	_____	VII _____	_____
IV _____	_____	VIII _____	_____

7. EVIDENCE RELIED UPON; COMMENTS

Officer Report and inmate condition

8. ADVISEMENT TO DISCIPLINARY COMMITTEE

COUNSEL SUBSTITUTE REQUESTED: ☐ YES ☐ NO WITNESSES REQUESTED: ☐ YES ☐ NO
NAME _____ NUMBER _____ LOCATION _____ NAME _____ NUMBER _____ LOCATION _____
DATE: _____ BY WHOM: _____
RCIS RECORD UPDATED: _____

9. SIGNATURES AND RECEIPT

HEARING OFFICER: Sgt. Jones DATE: 17 April 61 TIME: 1:00 PM
INMATE: X (Refusal to Sign Should Be Noted)

10. DISTRIBUTION INSTRUCTIONS

ORIGINAL - DISCIPLINARY COMMITTEE
COPY - INMATE
COPY - CHARGING EMPLOYEE



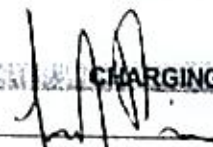

EXHIBIT O

State of Nevada Department of Corrections DISCIPLINARY FORM I NOTICE OF CHARGES

INMATE INFORMATION	VIOLATION INFORMATION
INMATE NAME: WILLIAMS, JOHN 66835	CHARGING EMPLOYEE: Lance J. Pierce
CURRENT LOCATION: ESP-U6-A-44-B; :PBW	DATE OF INCIDENT: 11/11/2007
OIC#: 124397	DATE CHARGES WRITTEN: 11/11/2007

CHARGES AND EVIDENCE			
Chrg	Description	Evidence	Evidence Disposition
MJ25:	Threats		
MJ28:	Org. Work Stoppage / Demonstration		

REPORT OF VIOLATION
On November 11, 2007 I, Senior Correctional Officer Lance J. Pierce, accompanied Sergeant C. Schaff to Unit 6 to resolve an incident regarding a disruptive inmate, IM Williams, John, #66835. After arriving at the subject cell, I overheard inmate Williams explaining the reason for the disruption to Sergeant Schaff and the inmate also made a threat to possibly harm his cellmate due to the fact that his cellmate is a smoker. Inmate Williams claimed to have requested a bedmove from the unit caseworker, to no avail. Sergeant Schaff instructed the floor officer on scene, C/O Courtney Greene and myself to separate both inmates and place them in the upper and lower shower on the unit tier. Inmate Williams was taken by C/O Greene without incident to the lower shower on the unit 6B tier, and I escorted inmate Fleming, Desmond, #79085 to the upper shower on the same tier. Both inmates were escorted without incident.

CHARGING EMPLOYEE SIGNATURE	SUPERVISOR SIGNATURE
	
SERVICE OF NOTICE OF CHARGES	DISTRIBUTION

DATE OF SERVICE: 11/23/07 TIME OF SERVICE: 11:21A Primary Hearing Officer (Original)

EXHIBIT P

1.1.1.4 An inmate who is dissatisfied with the response to a grievance at any level may appeal the grievance to the next level, within the substantive and procedural requirements outlined herein.

- Administrators or employees of the institution shall automatically allow appeals without interference.
- Each response shall also state that the inmate is entitled to appeal, if procedurally available, and shall contain simple directions for making that appeal.

1.1.1.5 An inmate shall use Form DOC-3097, Grievant's Statement Continuation Form if unable to present the details of their claim in the space available on the above forms.

1.2 Grievance Issues

1.2.1 Inmates may use the Inmate Grievance Procedure to resolve addressable inmate claims including, but not limited to personal property, property damage, disciplinary appeals, personal injuries, any other tort claim or civil rights claim relating to conditions of institutional life.

- All allegations of inmate abuse by Department staff, employees, agents or independent contractors shall be immediately reported to the Grievance Coordinator, the Warden and the Inspector General, in accordance with investigator guidelines.

1.2.2 Only inmate claims arising out of, or relating to, issues within the authority and control of the Department may be submitted for review and resolution. Non-grievable issues include:

1.2.2.1 State and federal court decisions;

1.2.2.2 State, federal and local laws and regulations;

1.2.2.3 Parole Board decisions; and

1.2.2.4 Claims for which the inmate lacks standing, including, but not limited to:

- Filing a grievance on behalf of another inmate unless the inmate is so physically, or emotionally handicapped as to be incapable of filing a grievance.
- The inmate filing the grievance was not a direct participant in the matter being grieved.

STAFF INTERPRET THIS
AS APPLYING TO FILING
GRIEVANCES AGAINST NOCS



EXHIBIT Q
State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20062667089

INMATE NAME	NDOC ID	ISSUE TYPE	ISSUE REASON	
WILLIAMS, JOHN	66835	GRIEVANCE	DISCIPLINE	
LEVEL	DATE RECEIVED	DATE RETURNED	FINDING	ASSIGNED TO
IF	01/10/2008	01/22/2008	UPHELD	LARGE, CASSANDRA
NDOC RESPONSE				
Disciplinary Appeal - Advanced to a 1st. Level				

GRIEVANCE RESPONDER

INMATE NAME	NDOC ID	ISSUE TYPE	ISSUE REASON	
WILLIAMS, JOHN	66835	GRIEVANCE	DISCIPLINE	
LEVEL	DATE RECEIVED	DATE RETURNED	FINDING	ASSIGNED TO
1	01/10/2008	01/22/2008	DENIED	LARGE, CASSANDRA
NDOC RESPONSE				


GRIEVANCE RESPONDER

INMATE NAME	NDOC ID	ISSUE TYPE	ISSUE REASON	
WILLIAMS, JOHN	66835	GRIEVANCE	DISCIPLINE	
LEVEL	DATE RECEIVED	DATE RETURNED	FINDING	ASSIGNED TO
1	01/10/2008	01/22/2008	DENIED	LARGE, CASSANDRA
NDOC RESPONSE				
<p>On December 12, 2007 you were found guilty of MJ25: Threats: Issuing a threat, either verbally, by gesture or in a written statement to or about any person and MJ28: Organizing, encouraging or participating in a work stoppage or other disruptive demonstration or practice.</p> <p>Per AR707 a finding of guilt must be based on some evidence, regardless of the amount, and the formal rules of evidence do not apply in disciplinary hearings. After reviewing the Notice of Charges there is adequate information and evidence to support a finding of guilty.</p> <p>Therefore, I find you were charged and sanctioned appropriately and within the guidelines of The Code of Penal Discipline. The findings and sanctions shall stand.</p>				

SK McLean
GRIEVANCE RESPONDER

Memo

To: John L. Williams #66835 2B17
From: E.K. Mc Daniel, Warden
Ely State Prison
Date: January 18, 2008
Re: Disciplinary Appeal/Level One Grievance- GR# 2006-26-67089



CHARGES AND FINDINGS:

You were charged with MJ25: Threats: Issuing a threat, either verbally, by gesture or in a written statement to or about any person and MJ28: Organizing, encouraging or participating in a work stoppage or other disruptive demonstration or practice. You received these charges on November 11, 2007 for refusing to live with your cell mate and threatening that you would get in a fight if you were not moved right away. On December 18, 2007 you were found guilty of MJ28 and MJ25 and were sanctioned with the following:

- 90 days Disciplinary Segregation
- 30 days Loss of Canteen

These findings were based on a notice of charges.

INMATES BASIS FOR APPEAL:

You claim your charges should be reduced or dropped because you requested a bed move prior to the incident, you did not intend to threaten your cell mate, and the disciplinary was in retaliation for using the Emergency Grievance process.

WARDEN'S FINDINGS AND DECISION:

On December 12, 2007 you were found guilty of MJ25: Threats: Issuing a threat, either verbally, by gesture or in a written statement to or about any person and MJ28: Organizing, encouraging or participating in a work stoppage or other disruptive demonstration or practice. Per AR707 a finding of guilt must be based on some evidence, regardless of the amount, and the formal rules of evidence do not apply in disciplinary hearings. After reviewing the Notice of Charges there is adequate information and evidence to support a finding of guilty. Therefore, I find you were charged and sanctioned appropriately and within the guidelines of The Code of Penal Discipline. The findings and sanctions shall stand.

cc: I-file

EXHIBIT S
NEVADA DEPARTMENT OF CORRECTIONS
"INMATE INTERVIEW REQUEST"
"LONG FORM"

TO: AWP ENDEL

DATE: 3/9/04
TITLE: ASS WARDEN
OF PROGRAM

SUBJECT: CORRESPONDENCE COURSE

DETAILED EXPLANATION

I PREVIOUSLY WRITE A WIRE IN REGARD OF YOUR APPROVAL FOR MY CORRESPONDENCE COURSE IN PARALEGAL (ASSOCIATE DEGREE) YOUR RESPONSE REQUESTED THE ADDRESS TO THE COLLEGE I WISH TO ATTEND. IT IS GIVEN BELOW:

ASHNORTH COLLEGE
430 TECHNOLOGY PARKWAY
NORCROSS, GA 30092

(TEL): 1-800-223-4542

INMATE NAME: JOHN L. WILLIAMS

DOC# W6835

LOCATION: 7A22

RESPONSE

Approved.

*cc: education
property*

27 OF 47

DATE:

4-5-04

SIGNED BY:

A. Endel

EXHIBIT

Mountain High School

2B-42

To: John Williams #66835
CC: File
From: Mary Babb, Education Secretary
Date: 08 April 2005
Re: Materials from Ashworth College

We received your materials (*Business Law Learning Guide* and *Law for Business Textbook*) from Ashworth College, but have returned them to the sender, via Property, due to the hardcover textbook.

We have been instructed by AWP Endel that all college correspondence materials must be softcover, and we are not to deliver any hardcover books.

Please kite AWP Endel if you have any questions regarding this procedure.

EXHIBIT U

Mountain High School

2B-42

To: John Williams #66835
CC: File
From: Mary Babb, Education Secretary
Date: 06 May 2005
Re: Hardcover Material from Ashworth College

We have received your materials (*Business Law Learning Guide* and *Law for Business Textbook*) from Ashworth College, but have once again returned them to the sender, via Property, due to the hardcover textbook.

As you are aware, we have been instructed by AWP Endel that all college correspondence materials must be softcover, and we are not to deliver any hardcover books. Please correspond with Ashworth College and have this situation remedied so that your academic progress is not impeded.

Please kite AWP Endel if you have any questions regarding this procedure.

RECEIVED APR 14 2005

EXHIBIT V

Log Number 3615 24-4063

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCE

NAME: John L. Williams I.D. NUMBER: 66835

INSTITUTION: ESP UNIT: 2942A ✓

GRIEVANT'S STATEMENT: I was approved for a correspondence course with Ashworth College for my Associate's Degree in Paralegal Studies. This approval was given to me about a year ago by AWP Endel. Now I am being denied my course because some of the books are hardcover; this should've been expected considering it is a college degree program. ESP can not

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 4/13/05 TIME: 9:00 AM

GRIEVANCE COORDINATOR SIGNATURE: A. Endel DATE: 4/14/05 TIME: 1:55 pm

GRIEVANCE RESPONSE: Per - IP 7.06.07 no hard cover books allowed.

CASEWORKER SIGNATURE: R. Ambrose DATE: 4-18-05

___ GRIEVANCE UPHELD X GRIEVANCE DENIED ___ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: A. Endel DATE: 4-21-05

___ INMATE AGREES ___ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To Inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

30 OF 47

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: John L. Williams I.D. NUMBER: 66835

INSTITUTION: ESP UNIT #: 2242A

GRIEVANCE #: _____ GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

honestly expect an inmate to pursue a college degree without the
aid of textbooks whether they are hardbacks or not. The fact the
Education Department give us hardback textbooks for high school
classes is proof there is an exception to the rule. Since my college
course is an authentic college course sent to me via ESP's Education
Department, that exception should apply to my course as well. I no
longer need my High School Diploma; I am now in pursuit of higher
education in college and to deny me this opportunity is to deny me
my right, human right, to education which is wholly unconstitutional.

I am asking you to remedy my grievance by allowing me to continue
my course as I was.

Original: Attached to Grievance
Pink: Inmate's Copy

31 OF 47

RECEIVED APR 25 2005

EXHIBIT W

Log Number 2005-24-4063

NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCE

NAME: JOHN L. WILLIAMS I.D. NUMBER: 66835

INSTITUTION: ESP UNIT: 2642 ✓

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2005-24-4063, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 4/24/05

WHY DISAGREE: I AM STILL ARGUING THAT COLLEGE TEXTBOOKS SHOULD BE AN EXCEPTION TO THE RULE PROHIBITING HARDCOVER BOOKS, SINCE ESP EDUCATION DEPARTMENT GIVE OUT HARDCOVER TEXTBOOKS FOR GENERAL EDUCATION, IT SHOULD ALLOW COLLEGE TEXTBOOKS AS WELL. ESP'S CHAPEL, LIBRARY, LAW LIBRARY, AND EDUCATION GIVE OUT HARDCOVER BOOKS; IF THIS DOESN'T PROVE AN EXCEPTION, THEN ELY IS OVERTIGHT CONTRADICTION.

GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 4-25-05 IT

FIRST LEVEL RESPONSE:

As you have been advised - Per LP. 7.06.07, hard cover books are not allowed, no exceptions.

 GRIEVANCE UPHELD ✓ GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

WARDEN'S SIGNATURE: [Signature] TITLE: Warden DATE: 5-18-05

GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 5-18-05

 INMATE AGREES INMATE DISAGREES

INMATE SIGNATURE: DATE:

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

RECEIVED MAY 3 1 2005

EXHIBIT X

LOG NUMBER: 2005-24-4063

NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCE

NAME: JOHN L. WILLIAMS

I.D. NUMBER: 06375

INSTITUTION: ESP

UNIT: 2B42

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2005-24-4063, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature]

DATE: 5/27/05

WHY DISAGREE: I AM BEING DENIED MY COLLEGE EDUCATION BECAUSE OF AN I.P.

THAT IS CONTRADICTED THROUGHOUT THE ENTIRE NDOC SYSTEM (ESP INCLUDED). AS I'VE
ARGUED, WHILE YOU SAY "NO HARDOVER BOOKS ALLOWED" THERE ARE HARDOVER BOOKS
ACCESSIBLE TO INMATES IN EVERY DEPARTMENT OF THE PRISON, INCLUDING THE
EDUCATION DEPARTMENT, WHICH IS THE SUBJECT. HOW CAN YOU RATIONALLY

GRIEVANCE COORDINATOR SIGNATURE: [Signature]

DATE: 5-31-05

SECOND LEVEL RESPONSE:

See Attachment

 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

SIGNATURE:

TITLE:

DATE:

GRIEVANCE COORDINATOR SIGNATURE: [Signature]

DATE: 7-5-05

INMATE SIGNATURE: [Signature]

DATE: 1/3/05

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: JOHN L. WILLIAMS I.D. NUMBER: 66235

INSTITUTION: E28 UNIT #: 28112

GRIEVANCE #: 2005-24-4063 GRIEVANCE LEVEL: 2

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 3

JUSTIFY ALLOWING HARDCOVER BOOKS IN THE CHAPEL, LAW LIBRARY, SCHOOL
LIBRARY, ALLOW HARDCOVER TEXTBOOKS TO BE DISTRIBUTED TO INMATES
FOR GENERAL EDUCATION, THEN WHEN AN INMATE GET COLLEGE TEXTBOOKS
FROM AN APPROVED, AUTHENTIC COLLEGE COURSE YOU SAY "NO HARD COVER
BOOKS"? THIS IS THE MOST IRRATIONAL THING I'VE EVER DEALT WITH
IN ALL MY 8 YEARS OF INCARCERATION. THIS CAN NOT BE JUSTIFIED IN
COURT UNLESS YOU ADMIT THERE IS AN EXCEPTION TO THE RULE. IF YOU
SAY THERE IS AN EXCEPTION TO THE RULE THEN YOU WOULD HAVE TO ADMIT MY
COLLEGE TEXTBOOKS ARE PART OF THAT EXCEPTION. I SAY THAT BECAUSE YOU ALREADY
ALLOW HARDCOVER GENERAL EDUCATION TEXTBOOKS TO BE GIVEN TO INMATES. THAT
MEANS ^{GENERAL} HARDCOVER TEXTBOOKS FOR EDUCATION IS AN EXCEPTION TO THE RULE.
SINCE THIS IS SO, THEN, HARDCOVER TEXTBOOKS FOR COLLEGE EDUCATION IS
ALSO AN EXCEPTION, FOR THEY ARE THE SAME - EDUCATION. YOU CAN NOT ARGUE THAT
THE REASON ONE CAN HAVE HARDCOVERS AND THE OTHER CAN'T IS ^{THAT} ~~BECAUSE~~ ONE
IS GIVEN BY THE STATE (GENERAL EDUCATION) AND THE OTHER FROM AN OUTSIDE
SOURCE (COLLEGE), BECAUSE THE EDUCATION ITSELF IS NOT THE ISSUE

Original: Attached to Grievance
Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM
NEVADA DEPARTMENT OF CORRECTIONS

I.D. NUMBER 6683
UNIT # 2842

NAME: JOHN L. WILLIAMS

"INMATE INTERVIEW REQUEST"

INSTITUTION: ESP

"LONG FORM"

GRIEVANCE LEVEL: 2

DATE: _____

~~NO~~ GRIEVANCE #: 2005-24-4063

TITLE: _____

SUBJECT: GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 3

DETAILED EXPLANATION

AS WE KNOW NONE ALLOW INMATES TO PARTICIPATE IN OUTSIDE EDUCATION COURSES (SEE ATTACHED APPROVAL
LETTERWHICH WERE AND SUCCESSFULLY COMPLETED MEDICAL AND DENTAL ASSISTING PROGRAM DOCUMENTS). THE ISS
HOWEVER, IT'S WHATEVER OR NOT INMATES CAN HAVE HARDCOVER EDUCATIONAL TEXTBOOKS—PERIOD. AND IF YOU
INMATES POSSESS HARDCOVER TEXTBOOKS GIVEN BY THE STATE FOR GENERAL EDUCATION; THEN, AGAIN, YOU
ARE ADMITTING THERE IS AN EXCEPTION TO THE RULE OF INMATES BEING PROHIBITED FROM POSSESSING
HARDCOVER BOOKS, WHICH WOULD HAVE TO APPLY TO COLLEGE TEXTBOOKS AS WELL; OTHERWISE, THIS IS PURELY
CONTRADICTORY ITSELF.

I WANT TO CONTINUE MY COLLEGE COURSE

IF YOUR REPLY IS UNFAVORABLE I WILL BE FORCED TO INVOKE THE POWER OF THE U.S. COURT

INMATE NAME: _____ DOC# _____ LOCATION: _____

RESPONSE

35 OF 47

DATE: _____

SIGNED BY: _____

Grievance Printout
Case: GR-2005-24-4063
EXHIBIT Y

Inmate	Back#	Emr	Issue	Date Entered
WILLIAMS, JOHN	66835	No	Programs	4/14/2005 2:26:20 PM

Level	Date Rcvd	Date Rtrnd	Finding	Assigned To
Informal	4/14/2005	4/18/2005	Denied	Chambliss, Robert

Inmate Complaint

NDOC Response

Per I.P. 7.06.07 no hard cover books allowed

Grievance responder

Administrator

Level 1	4/25/2005	5/18/2005	Denied	Chambliss, Robert
---------	-----------	-----------	--------	-------------------

Inmate Complaint

NDOC Response

As you have been advised - Per I.P. 7.06.07, hard cover books are not allowed, no exceptions.

Grievance responder

Administrator

Level 2	6/20/2005	6/20/2005	Denied	Cox, Greg
---------	-----------	-----------	--------	-----------

Inmate Complaint

>>>>ID:283 06/20/05 01:26 PM<<<<

Inmate is stating that he should be allowed to have hardcover books for a correspondence course.

NDOC Response

>>>>ID:283 06/20/05 01:26 PM<<<<

Per I.P. 7.06.07, hardcover books are not allowed, no exceptions.

Grievance responder

Administrator

36 OF 47

TABLE OF SURPLUS EXHIBITS

EXHIBIT 1: APPROVAL FOR MEDICAL COURSE AND COURSE INFORMATION

EXHIBIT 2: RECOMMENDATION LETTER FROM DIRECTOR OF EDUCATION

EXHIBIT 3: CONGRATULATORY LETTER FROM SCHOOL PRESIDENT

EXHIBIT 4: OFFICIAL STUDENT TRANSCRIPT FOR MEDICAL/DENTAL PROGRAM

EXHIBIT 5: MEDICAL/DENTAL OFFICE ASSISTING CERTIFICATE

EXHIBIT 6: OFFICIAL STUDENT TRANSCRIPT FOR LEGAL ASSISTANT PROGRAM

EXHIBIT 7: LEGAL ASSISTANT/PARALEGAL CERTIFICATE

EXHIBIT 8: COPYRIGHT REGISTRATION OF ONE OF AFFIANT'S POETRY MANUSCRIPTS

EXHIBIT 1



**CLARK COUNTY ADULT EDUCATION
SOUTHERN DESERT CORRECTIONAL CENTER**

CLARK COUNTY SCHOOL DISTRICT • 2701 E. St. Louis Ave. • Las Vegas, NV 89104
(702) 486-3888 Ext. 381 / 382

MEMORANDUM

TO: All Staff, SDCC **DATE:**

VIA: Erlton Lawrence, Associate Warden of Programs
Southern Desert Correctional Center

FROM: Frank Cooper, Principal
Clark County Adult Education

SUBJECT: Correspondence Course

John Williams 44835 is authorized to
(Inmate Name) (DOP #)

to participate in a college correspondence program through Professional Career Development I
(University/College or other program)

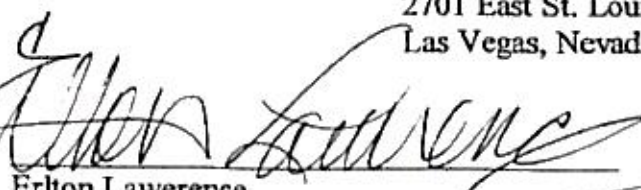
3 binder text-books) and Medical Dictionary

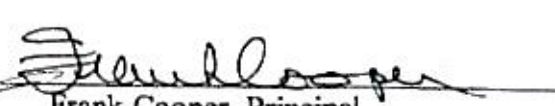
Norcross Georgia
(City) (State)


The course will consist of: 3 binder text-books) and Medical Dictionary

This program will be supervised by the on-site Clark County Adult Education Teacher.

Please send to: Frank Cooper, Principal
2701 East St. Louis Avenue
Las Vegas, Nevada 89104


Erlton Lawrence
Associate Warden of Programs
Southern Desert Correctional Center


Frank Cooper, Principal
Clark County Adult Education
Southern Desert Correctional Center


(Students Signature & DOP #)

20 AC 117

STUDY PROGRAM

The School of Medical and Dental Assisting offers extensive training to help guide students toward a career in the medical or dental field.

Much more than just the facts. We teach skills used by medical or dental office assistants. Our goal is to provide a practical, real-world foundation to you after graduation. A wide range of medical specialists, from chiropractors to therapists, employ assistants in their offices.

Our course should help students take a key first step toward reaching their career goals.

Clearly organized for maximum learning. Your lessons are clearly written and easy to follow. Start, stop, read, review, and finish your assignments at your own pace. If you have questions, or want to discuss something, simply call or write any time.

Our team of career educators is here to assist you.



Office assistants work with doctors, dentists, and other medical professionals. They are an important part of the medical team.

Send your enrollment today, or call 800-223-4542

Please complete and mail your enrollment form. Or, for your fastest start, call us toll-free to charge your tuition deposit on your MasterCard, VISA, Discover, or American Express card account. Don't delay—do it today!

The School of Medical and Dental Assisting

Professional Career Development Institute
430 Technology Parkway, Norcross, GA 30092

www.pcdi.com

Please note: In order to be eligible for admission, you must be at least 18 years old, have a high school diploma or GED, and be a U.S. citizen. We reserve the right to change the admission requirements, and we reserve the right to change the tuition and fees. Copyright © Professional Career Development Institute

CDI000002

What you'll learn and what you'll receive...



THE MEDICAL AND DENTAL OFFICE ASSISTING PROGRAM

Training and materials designed to help you prepare to enter an exciting field! Gain vital knowledge and skills in the comfort of your home

The Medical and Dental Office Assisting Program is a comprehensive, home-study course. It provides broad knowledge and practical skills for assisting doctors, dentists and medical care specialists of all kinds.

We teach how to process patients, run the front desk, record medical data, prepare charts, fill out insurance forms, assist in important examinations, set appointments, do billing and basic bookkeeping, and many other important jobs handled by office assistants in medical and dental practices.

Subject matter includes:

Lesson 1: A BUSY DAY IN THE LIFE OF A MEDICAL OFFICE ASSISTANT. Kinds of medical specialists; staff responsibilities in a medical practice; running the front office; scheduling appointments; taking vital signs; using a computer; patient confidentiality.

Lesson 2: MEDICAL TERMINOLOGY. Easy ways to understand word roots, prefixes and suffixes, plus common medical words and terms; analyzing word parts to determine their meaning; singular and plural forms; why learning medical terminology is important.

Lesson 3: MEDICAL INSURANCE PROCESSING AND CODING. An overview of the major medical insurance plans; completing insurance claim forms correctly; familiarizing yourself with codes for medical procedures and diagnoses from the CPT and ICD-9-CM manuals.

Lesson 4: MEDICAL SAFETY IN THE OFFICE. The chain of infection; precautions regarding human tissue, blood, and fluids; reducing disease transmission; sanitation and sterilization; common diseases and tests.



Your diploma is the final and most important item you'll receive as a graduate of our program. It's a symbol of your new specialized knowledge and skills, and professional-level training. It represents hard work and learning. Display it proudly!

Lesson 5: WRITTEN COMMUNICATIONS AND ANATOMICAL DESCRIPTIONS.

Writing business letters; spelling and grammar; mailing procedures; anatomical directions; cell and tissue structure.

Lesson 6: RECORDS, OFFICE EQUIPMENT AND FILES.

Using a calculator; check-writer; fax; dictation machine; and copier; PC basics; filing records; bookkeeping procedures; billing; collection methods.

Lesson 7: HEALTH INSURANCE AND OFFICE MANAGEMENT.

Health insurance terms; plans; and deducting claims; accounting procedures; payroll, tax, and personnel records. Supplement: TIME MANAGEMENT GUIDE. How to plan your daily activities, set priorities, resolve schedule conflicts, and finish assignments on time.

Lesson 8: ANATOMY (Part 1). Structure, function, and disorders of the nervous system; brain, spinal cord, sensory organs and integumentary system (including the skin and various membranes).

Lesson 9: ANATOMY (Part 2). Structure, function, and disorders of the skeletal system; bone conditions; the muscular system; respiratory system.

Lesson 10: ANATOMY (Part 3). Structure, function, and disorders of the circulatory system; heart, blood, blood vessels, lymphatic system, and immune system; scheduling immunizations.

Lesson 11: ANATOMY (Part 4). Structure, function, and disorders of the digestive system; esophagus, stomach, and intestines; digestion; (continued, over)

tion, diseases, and disorders in the glandular and reproductive systems; diagnostic exams for diabetes, pregnancy and other common conditions; the birth process; sexually transmitted diseases.

Lesson 12: CLINICAL PRACTICE. Maintaining and sterilizing medical instruments; promoting a germ-free environment; preventing the transmission of disease; taking the medical history.

Supplement CAREER SEARCH GUIDE. Preparing your résumé, finding the most suitable career opportunities; tips on "selling" the interview.

Lesson 14: THE MEDICAL HISTORY AND VITAL SIGNS. Guidelines for filling out the medical history form; the four vital signs and what they measure; how to take accurate measurements.

Lesson 15: PATIENT EXAMINATIONS. How to perform visual, auditory and heating tests; preparing the exam room; positioning and draping the patient; assisting in eye, ear, and other specialized exams.

Lesson 16: LABORATORY PROCEDURES. Using a microscope; blood, urine, stool and sputum testing; throat cultures; bacterial smears and stains.

Lesson 17: DIAGNOSTIC TESTS, X-RAYS, AND LAB PROCEDURES. Assisting the physician with scratch tests, pap smears, sigmoidoscopes, electrocardiograms, and X-rays; skin punctures; vein punctures; common minor in-office surgical procedures.

Lesson 18: MEDICATIONS AND INJECTIONS. Pharmaceutical references; types of medications; recording and storing drugs; phoning prescriptions; discarding used syringes, injections, vaccines.

Lesson 19: MEDICAL EMERGENCIES. Common medical office emergencies; first aid procedures; resuscitation; applying bandages; fitting slings, crutches and canes; working with wheelchair patients.

Lesson 20: PERSONAL BEHAVIORS AFFECTING HEALTH. Influences of diet, nutrition, exercise and weight control; recommended dietary allowances; principal nutrients; drug abuse; tobacco; alcohol.



Interacting with patients and their families is one of the many responsibilities of being an assistant in a doctor or dentist office.

TIME MANAGEMENT
FOR STUDENTS OF MEDICAL AND ALLIED HEALTH
The School of the Dental Art

TAKE THE RIGHT STEPS
TO ADVANCE YOUR MEDICAL CAREER
TO GET THE MOST OUT OF YOUR STUDY PROGRAM

Your Text Medical Assisting
Written in plain English, your 750-plus page text provides a solid foundation in medical and dental assisting. It's beautifully illustrated, comprehensive, and packed with useful diagrams, charts, and tables.
You'll also receive technical supplements and a helpful medical encyclopedia.

Follow-up lessons
Each lesson includes: a study guide outlining the lesson topics and objectives • a vocabulary builder of new words and terms • the reading assignment • review exercises and answers to help "lock in" what you learn • an open-book self-quiz exam that you complete at your own pace • a review of your next lesson.

Yours to keep

EXHIBIT 2



PROFESSIONAL CAREER DEVELOPMENT INSTITUTE

430 Technology Parkway • Norcross, Georgia 30092 • 800-223-4542

February 3, 2004

To whom it may concern:

This letter is to verify that John Williams has completed The Medical/dental Office Assistant Program with a cumulative grade of 96.

Essential to successfully completing this course were the abilities to work independently and complete the assigned studies in a timely manner. Being a self-starter and having the discipline to stick with a task until it is completed certainly are highly desirable traits for any employee.

Our curriculum is based on college level textbooks and materials from leading publishers. In addition, our expert instructors share their own practical experiences through material written exclusively for our students.

In sum, this course required an investment of substantial time and effort. The result is a well-trained individual who gained a high level of applied learning with which to begin a career.

Should you desire additional information about this program we would be pleased to respond to your questions.

Cordially,

A handwritten signature in cursive script that reads "Milton Miller".

Dr. Milton Miller
National Director of Education

EXHIBIT 3



PROFESSIONAL CAREER DEVELOPMENT INSTITUTE

430 Technology Parkway • Norcross, Georgia 30092 • 800-223-4542

February 4, 2004

JOHN WILLIAMS
66835 SDCC
PO BOX 208
INDIAN SPRINGS, NV 89070

W0202071

Dear John:

Congratulations! You are now a graduate of The School of Medical and Dental Assisting. You successfully completed your course work, and your tuition is paid in full.

Enclosed is your diploma. It signifies the strong effort you put forth to graduate from the Medical and Dental Office Assisting Program. We are proud of you! We hope you will look upon your diploma and your significant educational achievement with pride.

We have appreciated the opportunity to provide you with a fine education in health care office skills. Now you will join with thousands of others in using your skills in a rewarding career.

We would like to hear what you plan to do now that you are a graduate of this program. We would also like to have you tell us how your training from the school has benefited you. Won't you please take a moment to write to us this week?

If we may be of further assistance to you, please contact us.

Sincerely,

Lee McCutchan

Lee McCutchan
President
The School of Medical and Dental Assisting

EXHIBIT 4



PROFESSIONAL CAREER DEVELOPMENT INSTITUTE

430 Technology Parkway • Norcross, Georgia 30092 • 800-223-4542

OFFICIAL STUDENT TRANSCRIPT

JOHN WILLIAMS
66835 SDCC
PO BOX 208
INDIAN SPRINGS, NV 89070

Student number: W0202071
Graduated on 1/31/04 with a grade of: 96%

The School of Medical and Dental Assisting MEDICAL/DENTAL OFFICE ASSISTANT PROGRAM

1	DAY IN THE LIFE: MED OFC ASSIS	5/03/02	90%
2	MEDICAL TERMINOLOGY	5/10/02	100%
3	MED INSUR PROCESSING & CODING	5/22/02	100%
4	SAFETY IN THE MEDICAL OFFICE	5/31/02	100%
5	INTERPERSONAL COMMUNICATIONS	6/14/02	100%
6	ORAL & WRITTEN COMMUNICATIONS	6/21/02	95%
7	RECORDS MNG'MT & COLLECT FEES	7/06/02	100%
8	HEALTH INS. & OFC MANAGEMENT	7/26/02	100%
9	ANATOMY - PART A	10/23/02	95%
10	ANATOMY - PART B	12/18/02	100%
11	ANATOMY - PART C	1/28/03	90%
12	ANATOMY - PART D	4/20/03	90%
13	ANATOMY - PART E	6/06/03	100%
14	BEGINNING THE DATABASE	1/08/04	95%
15	PREPARING PATIENTS FOR EXAMS	1/14/04	90%
16	SPECIMENS & LAB PROCEDURES	1/15/04	100%
17	DIAGNOSTIC TESTS, X-RAYS	1/20/04	95%
18	ASSISTING WITH MEDICATIONS	1/28/04	90%
19	EMERGENCIES, ACUTE ILLNESS	1/31/04	90%
20	PERSONAL BEHAVIORS & HEALTH	1/31/04	90%

End of Transcript

Ace McCutchan

School President

The following point totals correspond to the following grades:

97 - 100 A+	86 - 89 B+	76 - 79 C+
92 - 96 A	82 - 85 B	72 - 75 C
90 - 91 A-	80 - 81 B-	70 - 71 C-

As of: 2/04/

Nationally Accredited Member, Distance Education & Training Council

43 OF 47

EXHIBIT 5

The School of Medical and Dental Assisting

PROFESSIONAL CAREER DEVELOPMENT INSTITUTE

In recognition of completion of the Prescribed Course

The Professional Medical and Dental Office Assisting Program

this Diploma is hereby awarded to

John Williams

In testimony whereof, this Diploma has been conferred in Atlanta, Georgia,
whereupon the undersigned have affixed their names on this day

January 31, 2004

Richard A. Knauff
President,
Professional Career
Development Institute

See McCutchan
President,
The School of Medical
and Dental Assisting



BLACKSTONE CAREER INSTITUTE

1011 BROOKSIDE ROAD, SUITE 300, P.O. BOX 3717, ALLENTOWN, PA 18106-3717

Student Transcript

31 Lesson Legal Assistant/Paralegal Diploma Program

915 Clock Hours

EXHIBIT B

Student: John Williams 66835
Address: E.S.P.
PO Box 1989
Ely NV 89301

Student Number: 01014726

Enrollment Date: 06/13/2006

Completion Date: 02/26/2008

Text/Subject	Date Completed	Grade	Text/Subject	Date Completed	Grade
Volume: 1			Volume: 8		
• Introduction to Law	07/13/2006	100	• Law of Private Corporations	07/16/2007	9
• Contracts - Part I	07/13/2006	75	• Law of Partnerships - Part I	07/16/2007	8
• Contracts - Part II	07/13/2006	95	• Law of Partnerships - Part II	07/16/2007	8
• Contracts - Part III	07/13/2006	95	Volume: 9		
Volume: 2			• Constitutional Law - Part I	09/05/2007	10
• Law of Torts - Part I	10/23/2006	95	• Constitutional Law - Part II	09/05/2007	9
• Law of Torts - Part II	10/23/2006	95	Volume: 10		
• Law of Torts - Part III	10/23/2006	95	• Constitutional Law - Part III	09/05/2007	10
• Law of Torts - Part IV	10/23/2006	100	Volume: 11		
Volume: 3			• Legal Research - Part I	02/04/2008	9
• Criminal Law - Part I	10/23/2006	100	Volume: 12		
• Criminal Law - Part II	10/23/2006	100	• Legal Research - Part II	02/04/2008	9
Volume: 4			Volume: 13		
• Real Property - Part I	12/07/2006	90	• Employability Skills	02/20/2008	9
• Real Property - Part II	12/07/2006	95	Volume: 14		
Volume: 5			• Ethics For Paralegals	02/20/2008	9
• Real Property - Part III	01/22/2007	95			
• Real Property - Part IV	01/22/2007	95			
Volume: 6					
• Pleadings in Civil Action - Part I	04/02/2007	95			
• Pleadings in Civil Action - Part II	04/02/2007	95			
• Practice in Civil Actions	04/02/2007	100			
• Criminal Procedure	04/02/2007	100			
Volume: 7					
• Wills - Part I	07/16/2007	90			
• Wills - Part II	07/16/2007	90			
• Trusts	07/16/2007	100			

Student Average: 94.51%

** FINAL **

This Document Issued: 04/24/2008

Blackstone Career Institute

45 OF 47

By: Valerie L. Behne B.S., M.Ed.
Registrar





Established 1890

Confers this Diploma of
Legal Assistant/Paralegal
upon

John L. Williams

who has fulfilled all the requirements prescribed by the School and is entitled
to all of the honors rights and privileges thereunto appertaining.

In Testimony Whereof this recognition of achievement is

Given this 26th day of February 2008



Ken J. McChesney
President

Valerie L. Behle B.S., M.Ed.
Director of Education

Certificate of Registration EXHIBIT 8



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

SHORT FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 1-234-986



TX

TXU

Effective Date of Registration

APR 15 2005

Application Received
APR 15 2005

Deposit Received
One **APR 15 2005** Two
Fee Received

Examined By

[Signature]
Correspondence

TYPE OR PRINT IN BLACK INK. DO NOT WRITE ABOVE THIS LINE.

Title of This Work:	1	The Artist Who Drew My Tears
Alternative title or title of larger work in which this work was published:		
Name and Address of Author and Owner of the Copyright:	2	John L. Williams NDOC # 66835 ESP - P.O. BOX 1989 Ely, NV 89301 Mystère "Pseud"
Nationality or domicile: Phone, fax, and email:		Phone () Email N/A
Year of Creation:	3	2004
If work has been published, Date and Nation of Publication:	4	a. Date N/A Month Day Year b. Nation N/A
Type of Authorship in This Work:	5	<input checked="" type="checkbox"/> Text (includes fiction, nonfiction, poetry, computer programs, etc.) <input type="checkbox"/> Illustrations <input type="checkbox"/> Photographs <input type="checkbox"/> Compilation of terms or data
Check all that this author created.		
Signature:	6	I certify that the statements made by me in this application are correct to the best of my knowledge.* Check one. <input checked="" type="checkbox"/> Author <input type="checkbox"/> Authorized agent X <i>[Signature]</i>
Registration cannot be completed without a signature.		
Name and Address of Person to Contact for Rights and Permissions:	7	<input checked="" type="checkbox"/> Check here if same as #2 above. Phone () Fax () Email
Phone, fax, and email:		

8

Certificate will be mailed in window envelope to this address:

Name **John L. Williams** 47 OF 47
Number/Street/Apt
NDOC# 66835 ESP- P.O. BOX 1989
City/State/ZIP
Ely, NV 89301

Indicate this space only
on currently held
post account in
Copyright
fee.

9

Deposit Account #
Name